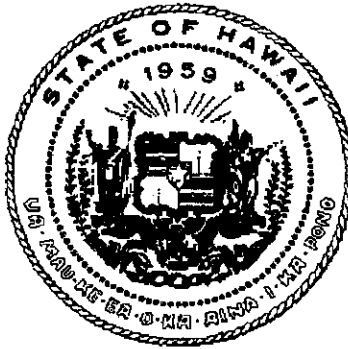


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# **Guidelines for Mandated Reporters**

## **Vulnerable Adult Abuse and Neglect**



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**State of Hawaii,  
Executive Office on Aging**

**State of Hawaii,  
Department of Human Services, Adult Protective Services**

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# **GUIDELINES FOR MANDATED REPORTERS**

## **Vulnerable Adult Abuse and Neglect**

### **1. INTRODUCTION**

Protection and safety of vulnerable adults require the involvement of all community members. Reporting of suspected abuse and neglect by the mandated reporter is a primary intervention that identifies harm or the immediate threat of harm to vulnerable adults. A report of abuse or neglect provides Adult Protective Services with the information to intervene and to address suspected abuse or neglect.

The purpose of this booklet is to help you understand the responsibilities of a mandated reporter and to assist you in identifying and reporting suspected vulnerable adult abuse or neglect to Adult Protective Services.

### **2. WHAT IS ADULT PROTECTIVE SERVICES?**

Adult Protective Services (APS) is a program that 1) receives and investigates reports of vulnerable adult abuse, and 2) provides short-term services to protect the personal health, safety, and welfare of vulnerable adults who are abused, neglected, or financially exploited. APS also provides service when the adult is in danger of abuse if immediate action is not taken.

Chapter 346, Part X, Hawaii Revised Statutes, relating to Vulnerable Adult Protective Services authorizes the Hawaii State Department of Human Services (DHS) to provide Adult Protective Services. The law mandates certain persons to report vulnerable adult abuse and gives the Department of Human Services authority to investigate reported incidents as it deems appropriate. The law is commonly referred to as a mandated reporting law or protective services law.

#### **Who Is A Vulnerable Adult?**

A vulnerable adult is someone 18 years and older who because of a mental, developmental, or physical impairment, is unable to 1) communicate or make responsible decisions to manage one's own care or resources; 2) carry out or arrange for essential activities of daily living; or 3) protect one's self from abuse.

#### **What Types Of Abuse Are Included In The Law?**

The law defines vulnerable adult abuse or neglect as "...any of the following, separately or in combination: physical abuse, psychological abuse, sexual abuse, financial exploitation, caregiver neglect, or self-neglect."

Types of abuse include:

- **Physical abuse:** non-accidental injury, pain, or impairment such as from hitting, slapping, improper physical restraint or poisoning.
- **Psychological abuse:** threats, insults, harassment, humiliation, intimidation, or other means that profoundly confuse or frighten the vulnerable adult.
- **Sexual abuse:** sexual contact or conduct including pornographic photographing without consent.
- **Financial exploitation:** wrongful taking, withholding, appropriation, or use of the adult's money, real property, or personal property.
- **Caregiver neglect:** failure to provide adequate food, shelter, clothing, timely health care, personal hygiene, supervision, protection from abandonment or failure to carry out responsibilities that a reasonable person would exercise as an assumed, legal, or contractual caregiver.
- **Self-neglect:** failure to care for one's self thereby exposing one's self to a condition that poses an immediate risk of death or serious physical harm.

Indicators of possible abuse are found on the last page.

### 3. WHO IS MANDATED TO REPORT ADULT ABUSE AND NEGLECT?

Certain professionals and personnel in health care, social services, law enforcement, and financial assistance are required to report suspected abuse or neglect to APS. The law mandates reporting when there is reason to believe abuse has occurred or the vulnerable adult is in danger of abuse if immediate action is not taken.

#### Mandated Reporters

- Licensed or registered professionals of the healing arts and any health-related occupation who examine, attend, treat, or provide other professional or specialized services including, but not limited to, physicians, physicians in training, psychologists, dentists, nurses, osteopathic physicians and surgeons, optometrists, chiropractors, podiatrists, pharmacists and other health-related professionals.
- Employees or officers of any public or private agency or institution providing social, medical, hospital or mental health services, including financial assistance.
- Employees or officers of any law enforcement agency including, the courts, police departments, correctional institutions, and parole or probation offices.
- Employees or officers of adult residential care homes, adult day care centers, or similar institutions such as community care foster family homes.
- Medical examiners or coroners.

- Licensed social workers or non-licensed persons employed in a social worker position.

Persons who are not mandated reporters are encouraged to report. Any person who has reason to believe that a vulnerable adult has been abused or is in danger of abuse if immediate action is not taken may report the concern to Adult Protective Services.

#### **When Must Vulnerable Adult Abuse Or Neglect Be Reported?**

Abuse or neglect must be reported promptly to APS by mandated reporters when in the performance of their professional or official duties, they know or have reason to believe that a vulnerable adult has been abused or is in danger of abuse if immediate action is not taken.

#### **Protection From Liability**

Anyone participating in good faith in making a report pursuant to the Vulnerable Adult Protective Services law shall have immunity from civil or criminal liability. Any individual who assumes a duty or responsibility pursuant to the law shall have immunity from civil liability for acts or omissions performed within the scope of the individual's duty or responsibility.

#### **Failure To Report**

A mandated reporter who knowingly fails to report an incident involving vulnerable adult abuse or neglect, or who willfully prevents another person from reporting such an incident shall be guilty of a petty misdemeanor.

### **4. HOW DO I MAKE A REPORT?**

Call Adult Protective Services (APS) at the Department of Human Services. Please call the office located nearest you when reporting abuse or neglect. APS offices are listed at the end of these guidelines.

APS hours of operation are 7:45 AM to 4:30 PM, Monday through Friday, except state holidays. Leave a message to make a report after hours, on weekends and holidays. Recorded messages will be responded to on the next workday.

**In emergency situations or in cases of immediate threats of violence call 911.**

### **What Kind Of Information Will I Need To Provide?**

The social worker will want to obtain as much of the following information as possible before referring the matter for investigation.

- Date of the incident
- Victim: Who is the alleged victim? Name, address, telephone number, age. Is someone responsible for the care of the adult, e.g. a caregiver, family member, or someone else?
- Perpetrator: Who is the alleged perpetrator? Name, address, telephone, age, relationship to the adult.
- Description: What is the nature and extent of the injury or neglect?
- Action to help victim: What has/is being done to help the adult?
- Reporter: How did you come to know about the abuse? Name, address, telephone, employer. If you are currently providing services to the victim, will you continue to provide services? Do you request anonymity?
- Other information: Any other information that may be helpful in determining the cause of abuse or neglect.

### **What If I'm Not Sure?**

It is important to report any case of *suspected* abuse. If you are not sure that a case actually involves abuse or neglect, it is best to call APS. You can consult with the APS social worker regarding your concerns or observations. You do not need to prove that abuse or neglect has occurred before making a report. The APS worker is responsible for investigation and determination of abuse.

#### *General Guidance:*

- If the vulnerable adult has shared information with you about abuse or neglect, this is enough for you to call APS. It is preferred that you make a referral immediately once the information is made known to you. Generally it is good practice to inform the adult about your role as a mandated reporter.
- Emphasis is on reporting all suspected cases of adult abuse. Although you may not have evidence, if you have reason to believe there is abuse, it is sufficient for reporting.
- If you have access to the adult and can provide additional information from observing the adult's situation and/or making outreach contact or field observations, let the APS social worker know this information.

### **Do I Need To Follow Up In Writing?**

Yes. A written report must be completed and sent to DHS APS after an oral report is made. You will be sent a form by DHS to complete or you may include all of the required elements on the form in a separate letter. Form DHS 1640 entitled "Report

Form for Adult Abuse and Neglect" is included in this brochure for your convenience. Mail or fax your written report to the office where your oral report was made.

## **5. WHAT HAPPENS FOLLOWING MY REPORT?**

Upon receiving a report the APS social worker gathers basic information from you and other sources to determine whether to initiate an investigation.

When a report is accepted for investigation, a social worker is assigned to investigate and determine if the adult has been harmed. The social worker gathers as much information as possible by talking to the vulnerable adult, family members, caregivers, agencies involved in providing service, and by reviewing financial documents if financial exploitation is suspected.

Investigation may require more than one visit with the victim and/or parties involved, and a mandated reporter may be asked to provide additional information or assistance during the investigation. Additional information related to the alleged incident of abuse may include financial records and medical reports which were not included in the written report submitted to DHS APS.

Investigation continues until a determination to confirm or not confirm abuse or neglect is made, generally within 60 days from receipt of the report.

The APS social worker makes every effort to inform you whether the case has been accepted for investigation or not. You may be given information about the progress of a case, but confidential information cannot be shared. Depending on the circumstances, you may be asked to be involved in service planning and providing services for the client.

When there is not enough evidence that abuse has occurred, the case is unconfirmed. If the client has service needs, an APS social worker may provide consultation, help with needs, or make referrals to other resources in the community.

When investigation finds that abuse has occurred or immediate action is needed to prevent its occurrence, it is confirmed, and protective services are initiated.

In addition to initiating protective services for abuse cases, the APS social worker has reporting requirements to inform others when abuse is confirmed. Reports are made depending on the situation. For example, when abuse occurs in a licensed health care facility, DHS informs the Department of Health Office of HealthCare Assurance and the Department of the Attorney General Medicaid Fraud Control Unit. When a report involves a licensed or certified professional or vocational individual under the purview of the Department of Commerce and Consumer Affairs that department is notified. When a report involves a crime DHS notifies Police.

During the investigation, the APS social worker is authorized to visit and communicate with the vulnerable adult alone without interference that may jeopardize or prejudice the investigation. It is a misdemeanor for anyone to knowingly obstruct or interfere with the investigator's access or communication with the adult.

### **Will The Police Get Involved?**

If the APS social worker suspects that a crime has been committed, a report will be made to appropriate law enforcement agencies, including the police, and the Department of the Attorney General Medicaid Fraud Control Unit. APS may request police involvement to gain access to the vulnerable adult, or the police may determine that they need to take immediate action and/or conduct an investigation.

### **Will The Reporter's Name Be Released?**

Reports made to APS are confidential. DHS makes every reasonable effort to maintain the confidentiality of a reporter.

Mandated reporters may find that the alleged victim and/or the perpetrator will speculate about the identity of the reporter and be able to guess who made the report.

### **Will I Need To Testify In Court?**

If the APS social worker finds that legal intervention is necessary as a means of helping the vulnerable adult, a petition will be prepared and filed in Family Court (civil proceeding) on behalf of the adult.

Your testimony may be needed if APS believes it is necessary in order to establish the court's jurisdiction to protect a vulnerable adult from abuse or neglect. If so, contact is usually made by the APS social worker or a representative from the Department of the Attorney General to inform you about the type of testimony needed, the date and time of the court proceedings, and other information you may need to know.

## **6. WHAT SERVICES CAN DHS PROVIDE TO VULNERABLE ADULTS?**

DHS provides or makes referrals to other service providers to help remedy problems that may have led to the abuse or neglect. APS itself has very limited resources and must rely on other public and private agencies for ongoing support of the vulnerable adult. A service plan is developed and implemented with consent of the victim, his or her guardian and others involved in the adult's care. A mandated reporter may be asked to participate in the service plan development.



## **7. WHAT HAPPENS IF APS DOES NOT ACCEPT THE REFERRAL?**

If the referral is not accepted for investigation, the APS social worker provides information, consultation, or recommends other community agencies or resources that may be helpful to the individual.

Even if the first report is not accepted for investigation, report the situation again if problems re-appear or persist. A repeat report may add information on the case and result in a new determination and a different outcome. Do not hesitate to report again. Just because you reported the case before does not mean you should not report it again.

### **What Happens If The Adult Does Not Accept APS Services?**

Competent adults have a right to decide where and how they live and what assistance to accept in their lives. An individual's right to self-determination is respected, and victims have the right to refuse services offered by APS workers.

- If the vulnerable adult is competent, he or she may refuse any help that is offered.
- If a client consents to services, he or she has the right to participate in all decisions about his or her welfare, choose the least restrictive alternatives, refuse medical treatment, and withdraw from protective services.
- If a vulnerable adult lacks capacity to make an informed decision as determined by a physician, and a life threatening danger exists, APS initiates legal proceedings to help protect the adult.

## **8. HOW CAN I GET MORE INFORMATION?**

Call APS on your respective island to discuss any questions or concerns such as your observations and whether or not a case should be reported, follow-up on the status of a report, or any other questions or concerns relating to APS.

Call the APS worker or supervisor if questions persist. Be patient but be persistent in your concern about an adult's health and safety. Communication between reporters and APS workers is encouraged.

For more information on the APS law refer to Hawaii Revised Statutes, Chapter 346 Part X, Vulnerable Adult Protective Services and Hawaii Administrative Rules Chapter 17-1421. Hawaii Revised Statutes and Hawaii Administrative Rules can be found in the reference section of major libraries, at internet sites, or by calling APS or the Executive Office on Aging. Internet access for the DHS website that has highlights of the law and Hawaii Administrative Rules is: [www.hawaii.gov/dhs](http://www.hawaii.gov/dhs).

## 9. USEFUL TELEPHONE NUMBERS

### **Adult Protective Services (APS)**

#### **Department of Human Services (DHS)**

- Oahu - 832-5115
- Kauai - 241-3337
- Hilo/Hamakuia/Puna - 933-8820
- Kona/Kohala/Kamuela/Kau - 327-6280
- Maui/Molokai/Lanai - 243-5151

### **Other Resources**

- **Emergencies:** Emergency response by Police-Fire-Emergency Medical - 911
- **Domestic Violence:** Domestic violence involving victims in intimate relationships
  - Emergency - 911
  - Domestic Violence Clearinghouse and Legal Hotline - 531-3771
- **Victim Witness Assistance Program:** County Office of Prosecuting Attorney  
Oahu – 523-4158    Hawaii – 934-3306    Kauai – 241-1888    Maui – 270-7695
- **Legal Services for at-risk elders:**
  - University of Hawaii Elder Law Program (UHELP), Oahu – 956-6544
  - Legal Aid Society of Hawaii, Hawaii – 961-2850 x 104
  - Seniors Law Center, Kauai – 246-8868
  - Legal Aid Society of Hawaii, Maui – 244-3731
- **County Area Agencies on Aging:** Elder care services and caregiver assistance for frail, vulnerable elders and caregivers. Agency network services include information and referral, outreach, case management, referrals to social, health, financial, legal, support services to help prevent abuse and neglect.
  - Honolulu Elderly Affairs Division – 523-4545
  - Hawaii County Office of Aging – 961-8600
  - Kauai County Agency on Elderly Affairs – 241-6400
  - Maui County Office on Aging – 270-7774
  - Molokai - 553-5241    Lanai - 565-6282
- **Hawaii State Executive Office on Aging:** Information on aging issues, elder abuse, programs, policies, and advocacy to promote access, quality of life, community-based care, and supports for elderly in the community. 586-0100.
- **Long Term Care Ombudsman:** Concerns, assistance, and advocacy for older adults living in state licensed or certified long-term care settings. 586-0100

**ALLEGED VICTIM(S):**

Date of Incident: \_\_\_\_\_

Name(s): \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**ALLEGED PERPETRATOR(S): Identify facility if applicable**

Relation to victim: \_\_\_\_\_

Name(s): \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**DESCRIBE NATURE AND EXTENT OF INJURY OR HARM AND WHY REPORTER HAS  
REASON TO BELIEVE THE INCIDENT IS ABUSE, NEGLECT, OR EXPLOITATION:**

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**ACTION TAKEN BY REPORTER TO HELP VICTIM:**

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Will you continue to provide services to the victim? Yes \_\_\_\_\_ No \_\_\_\_\_  
Anonymity requested? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name of Reporter and Facility, if applicable Telephone \_\_\_\_\_

\_\_\_\_\_  
Address of Reporter/Facility Date \_\_\_\_\_

**DEPARTMENT OF HUMAN SERVICES  
ADULT PROTECTIVE SERVICES**

**MAIL or FAX** the written report to the Adult Protective Services Office where you called to make the verbal report.

**Oahu:**

420 Waiakamilo Rd. #202  
Honolulu, HI 96817  
Phone: 832-5115 FAX: 832-5391

**Kauai:**

4370 Kukui Grove St., #203  
Lihue, HI 96766  
Phone: 241-3337 FAX: 241-3476

**East Hawaii:**

**(Hilo/Hamakua/Puna)**  
1055 Kinooole Street Suite 200  
Hilo, HI 96720  
Phone: 933-8820 FAX: 933-8859

**West Hawaii:**

**(Kona/Kohala/Kamuela/Kau)**  
75-5995 Kuakini Hwy. #433  
Kailua-Kona, HI 96740  
Phone: 327-6280 FAX: 327-6292

**Maui/Molokai/Lanai:**

1773-B Wili Pa Loop  
Wailuku, HI 96793  
Phone: 243-5151 FAX: 243-5166

## Indicators of Possible Adult Abuse

The following indicators do not always mean abuse or neglect has occurred, but they can be clues to the need for an abuse investigation. The physical assessment of abuse should be done by a physician or trained health practitioner.

### Physical Indicators

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Bruises, welts, discoloration, swelling</li> <li>• Cuts, lacerations, puncture wounds</li> <li>• Pale appearance</li> <li>• Sunken eyes, hollow cheeks</li> <li>• Pain or tenderness on touching</li> <li>• Detached retina</li> <li>• Soiled clothing or bed</li> <li>• Absence of hair/ bleeding scalp</li> <li>• Dehydration/malnourishment</li> </ul> | <ul style="list-style-type: none"> <li>• Evidence of inadequate care (e.g., unintended bed sores, poor skin hygiene)</li> <li>• Evidence of inadequate or inappropriate administration of medication</li> <li>• Burns: may be caused by cigarettes, flames, acids, or friction from ropes</li> <li>• Signs of confinement (tied to furniture, bathroom fixtures, locked in a room)</li> <li>• Lack of bandages on injuries or stitches when indicated, or evidence of unset bones</li> </ul> |
|--|--|

Injuries are sometimes hidden under breasts or on other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of the emergency room, and/or healthcare "shopping" may also indicate physical abuse. The lack of necessary appliances such as walkers, canes, bedside commodes; lack of necessities such as heat, food, water, and unsafe conditions in the home (e.g., no railing on stairs) may indicate abuse or neglect.

### Behavioral Indicators from the Victim

These behaviors in themselves, of course, do not indicate abuse or neglect. However, they may be clues to ask more questions and look beyond the obvious.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Fear</li> <li>• Withdrawal</li> <li>• Depression</li> <li>• Helplessness</li> <li>• Resignation</li> <li>• Anger</li> <li>• Ambivalence/contradictory statements not due to mental dysfunction</li> <li>• Conflicting accounts of incidents by the family, supporters, victim</li> </ul> | <ul style="list-style-type: none"> <li>• Implausible stories</li> <li>• Confusion or disorientation</li> <li>• Non-responsiveness</li> <li>• Agitation, anxiety</li> <li>• Hesitation to talk openly</li> </ul> |
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### Indicators from the Family/Caregiver

- Elder or vulnerable adult not given the opportunity to speak for self or to see others without the presence of the caregiver (suspected abuser)
- Absence of assistance, indifference or anger toward the vulnerable person
- Family member or caregiver "blames" the elder or vulnerable adult ( e.g., accusation that incontinence is a deliberate act)
- Aggression (threats, insults, harassment)
- Previous history of abuse to others
- Social isolation of family or isolation or restriction of activity of the elder or vulnerable adult within the family unit
- Reluctance to cooperate with service providers in planning for care

### Indicators of Possible Financial Abuse

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Activity in bank accounts that is inappropriate to the person, e.g., withdrawals from automated banking machines when the person cannot walk or get to the bank</li> <li>• Unusual interest about the amount of money being expended for the care of the person</li> <li>• Refusal to spend money on the care of the person</li> <li>• Numerous unpaid bills, overdue rent, when someone is supposed to be paying the bills</li> <li>• Checks and other document signed when the persons cannot write</li> </ul> | <ul style="list-style-type: none"> <li>• Missing clothing, jewelry, or other items</li> <li>• Recent will when the person is clearly incapable of making a will</li> <li>• Recent change of title of house in favor of a "friend" when the person is incapable of understanding the nature of the transaction</li> <li>• Power of attorney given when person is unable to comprehend the financial situation, and is incompetent to grant power of attorney</li> <li>• Lack of personal grooming items, appropriate clothing, etc., when the person's income appears adequate to cover such need</li> </ul> |
|---|---|

Source: Elder and Dependent Adult Abuse Reporting, A Guide for the Mandated Reporter, Community and Senior Services of Los Angeles County, Rev. June 2001; adapted from "Protocols" Consortium for Elder Abuse Prevention, Institute on Aging 3330 Geary Boulevard, 2<sup>nd</sup> Floor, San Francisco, CA 94118.

## State of Hawaii



***"E Loa Ke Ola"  
May Life Be Long***

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